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SENATE BILL NO. 161

Offered January 11, 2006 Prefiled January 10, 2006

A BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.12:1, relating to the assignment of health insurance benefits to physicians rendering emergency services.

Patron—Norment

Referred to Committee on Commerce and Labor

1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.12:1 as follows:

§ 38.2-3407.12:1. Refusal to accept assignment of benefits to emergency care physicians.

Be it enacted by the General Assembly of Virginia:

A. If an insured, subscriber, or plan enrollee specifically authorizes or directs, by appropriate instruction on a health insurance claim form, the payment of health care coverage reimbursement benefits directly to any licensed physician who has rendered medical screening and stabilization services to meet the requirements of the Federal Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and related to the condition for which the member presented to a hospital emergency facility, the insurer shall make such payment to the designated provider of such services.

B. An insurer's policies, plans, and contracts shall not prohibit, and claim forms shall provide an option for, the payment of health care coverage reimbursement benefits directly to a licensed physician for care provided pursuant to the Federal Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd).

C. An insurer may request written attestation of the assignment of benefits prior to making the payment to the provider of such services.

D. Except as may be provided in § 38.2-4312.3, the amount of a payment by an insurer to a provider pursuant to an assignment under this section shall be no more than the amount that the insurer would otherwise have paid without the assignment.

E. As used in this section, "insurer" includes (i) insurers proposing to issue individual or group accident and sickness insurance policies providing hospital, medical, and surgical or major medical coverage on an expense-incurred basis, (ii) corporations providing individual or group accident and sickness subscription contracts, and (iii) health maintenance organizations providing a healthcare plan for healthcare services.